Regional
Reduced Fare Permit

For Senior and Disabled Persons

Medical Eligibility Criteria and Conditions

Available in accessible format.
October 2012

Applicant

Regional Reduced Fare Permit for Seniors and Disabled Persons

What is it?

The Regional Reduced Fare Permit simplifies travel for senior and disabled riders of public transportation around Puget Sound. The following public transportation systems in the Puget Sound region recognize this identification card:

- Clallam Transit
- Community Transit
- Everett Transit
- Intercity Transit
- Jefferson Transit
- Kitsap Transit
- Mason Transit
- King County Metro Transit
- King County Water Taxi
- Pierce Transit
- Skagit Transit
- Sound Transit
- Washington State Ferries

With the Regional Reduced Fare Permit, eligible persons do not need to carry more than one permit to receive the reduced-fare benefits of multiple systems within the region.

Who is eligible?

Any person who presents proof of one or more of the following conditions can obtain a Regional Reduced Fare Permit*:

1. Is at least 65 years of age.
2. Is now eligible for Social Security Disability Benefits or now receives Supplemental Security Income Benefits because of disability. (Temporary)
3. Is currently certified by the Veterans Administration at a 40 percent or greater disability level.
4. Has a valid Medicare card issued by the Social Security Administration. (Temporary)
5. Has a valid Regional ADA Paratransit card.
6. Has a valid ADA Paratransit Card from outside the region.
7. Has obvious physical impairments meeting one or more of the medical criteria listed to the right.
8. Is currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). (Temporary)
9. Is certified by a Washington State-licensed physician (M.D.), psychiatrist, psychologist (Ph.D.), Physician Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.), or audiologist (certified by the American Speech and Hearing Association) as meeting one or more of the medical criteria listed to the right.

Where is it issued?

Any eligible person may apply for a Regional Reduced Fare Permit at the customer service offices of any of the participating transit agencies. Washington State Ferries, King County Ferry District and Sound Transit do not issue the permits but will honor those issued by any of the other systems. Any applicant with a valid Regional ADA Paratransit card must apply to the transit agency where that person lives.

How long is it valid?

Permits issued to persons 65 or older and to persons permanently disabled will be valid indefinitely. No renewal is necessary. Persons with disabilities that will last between three months and one year may receive temporary permits. These permits, which carry an expiration date, may be renewed only if the disability continues beyond that date. Persons certified by approved health care providers as permanently disabled may receive permanent permits. Participating agencies retain the right to ask for certification upon loss of a permit or at any other time.

What does it cost?

An individual must pay a fee of $3 to obtain the permit. Replacement permits may be obtained from the issuing agency for $3 or less.

How does it work?

The permit is an identification card used as proof of eligibility to pay a reduced fare. The permit has no cash value and may not be used as a transfer between systems. The permit holder must pay the amount of the reduced fare on each system used, and use of the permit is subject to any time restrictions in effect by each system.

Questions?

If you have comments or questions regarding the Regional Reduced Fare Permit, please contact your local agency. Participating agencies are listed on the last page of this brochure.

**These agencies reserve the right to contact your Health Care Provider for verification.*

Health Care Provider

Medical Eligibility Criteria

SECTION 1. NON-AMBULATORY DISABILITIES

1. **Wheelchair-User.** Impairments which, regardless of cause, confine individuals to wheelchairs.

SECTION 2. SEMI-AMBULATORY PHYSICAL DISABILITIES

1. **Restricted Mobility.** Impairments which cause individuals to walk with difficulty including, but not limited to, individuals using a long leg brace, a walker or crutches to achieve mobility, or birth defects and other muscular/skeletal disabilities, including dwarfism, causing mobility restriction. Persons currently undergoing chemotherapy or radiation treatment are considered eligible for a reduced fare permit under this subsection.
2. **Arthritis.** Persons who suffer from arthritis causing a function motor defect in any two major limbs. (American Rheumatism Association criteria may be used as a guideline for the determination of arthritic handicap; Therapeutic Grade III, Functional Class III, or Anatomical State III or worse is evidence of arthritic handicap.)
3. **Loss of Extremities.** Persons who suffer anatomical deformity of or amputation of both hands, one hand and one foot, or lower extremity at or above the tarsal region. Loss of major function may be due to degenerative changes associated with vascular or neurological deficiencies, traumatic loss of muscle mass or tendons, bony or fibrous ankylosis at unfavorable angle, or joint subluxation or instability.
4. **Cerebrovascular Accident.** Persons displaying one of the following, four months post-CVA:
   a. Pseudobulbar palsy or
   b. Functional motor defect in any two extremities, or
   c. Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.
5. **Respiratory**. Persons suffering respiratory impairment (dyspnea) of Class 3 or greater as defined by "Guidelines to the Evaluation of Permanent Impairment: The Respiratory System," Journal of the American Medical Association, 194:919 (1965).
6. **Cardiac**. Persons suffering functional classification III or IV and therapeutic classifications C, D, or E cardiac disease as defined by Diseases of the Heart and Blood Vessels – Nomenclature and Criteria for Diagnosis, New York Heart Assoc. (6th Edition).
7. **Dialysis**. Persons who must use a kidney dialysis machine in order to live.
8. **Disorders of Spine.** Persons disabled by one or more of the following:
   a. Fracture of vertebra, residuals or, with cord involvement with appropriate motor and sensory loss; or
   b. Generalized osteoporosis with pain, limitation of back motion, paravertebral muscle spasms, and compression fracture of vertebra; or
   c. Ankylosis or fixation of cervical or dorsolumbar spine at 30 degrees or more of flexion measured from the neutral position and one of the following:
      i. Calcification of the anterior and alteral ligaments as shown by x-ray; or
      ii. Dilateral ankylosis of sacroiliac joints and abnormal apophseal articulation as shown by x-ray.
9. **Nerve Root Compression Syndrome.** A person disabled due to any cause by:

a. Pain and motion limitation in back of neck: and
b. Cervical or lumbar nerve root compression as evidenced by appropriate radicular distribution of sensory, motor and reflex abnormalities.

10. **Motor.** Persons disabled by one or more of the following:
    a. Faulty coordination or palsy from brain, spinal or peripheral nerve injury; or
    b. A functional motor deficit in any two limbs; or
    c. Manifestations significantly reducing mobility, coordination and perceptiveness not accounted for in prior categories.
11. **HIV Disease.** A person disabled by HIV disease who meets Social Security eligibility criteria or who meets Washington State (GAU/Welfare) medical criteria.

SECTION 3. VISUAL DISABILITIES

1. Persons disabled because of:
   a. Visual acuity of 20/200 or less in the better eye with correcting lenses; or
   b. Contraction of the visual field:
      i. So the widest diameter of visual field subtending an angular distance is no greater than 20 degrees: or
      ii. To 10 degrees or less from the point of fixation; or
      iii. To 20 percent or less visual field efficiency.
2. Persons who, by reason of a visual impairment, do not qualify for a Driver's License under regulations of the Washington State Department of Motor Vehicles.

Section 4: HEARING DISABILITIES

1. Persons disabled because of hearing impairments manifested by one or more of the following:
   a. Better ear pure tone average of 90 dB HL (unaided) for tones at 500, 1,000, 2,000 Hz; or
   b. Best speech discrimination score at or below 40% (unaided) as measured with standardized testing materials.
2. Eligibility may be certified by a physician licensed by the State of Washington or by an audiologist certified by the American Speech, Language, Hearing Association.

Section 5: NEUROLOGICAL DISABILITIES

1. **Epilepsy**
   a. Persons who have suffered any seizure with loss of awareness within the last six months.
   b. Persons exhibiting seizure-free control for a continuous period of more than six (6) months duration are not included in the statement of epilepsy defined in this section.
2. **Neurological Handicap.** A person disabled by cerebral palsy, multiple sclerosis, muscular dystrophy, or other neurological and physical impairments not controlled by medication.

Section 6: MENTAL DISABILITIES

1. **Developmental Disabilities. *Permanent Permit.*** Persons disabled due to mental retardation, autism or other conditions found to be closely associated with mental retardation or to require treatment similar to that required by mentally retarded individuals and:
   a. The disability originates before such individual attains age 18,
   b. The condition has continued, or can be expected to continue, indefinitely,
   c. The condition substantially limits one or more major life activities on an ongoing basis.
2. **Adult Cognition Impairments. *Permanent Permit.*** Persons whom by reason of traumatic brain injury, illness or other accident occurring after age 18 experience ongoing impairments(s) in cognition that substantially limit(s) one or more major life activities, including individuals who meet SSA, SSI, or SSDI eligibility criteria.
3. **Serious Persistent (Chronic) Mental Illness. *Permanent Permit.*** Individuals with a mental illness with symptoms chronic in nature who experience a significant limitation in their ability to take part in major life activities **and** who meet one of the following:
   a. Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
   b. Living in a group/boarding home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
   c. Permanently placed in a supervised or supported living arrangement;
   d. Addressing mental health needs by participating in any training/ rehabilitation program or therapy established under federal, state, county, Regional Support Network (RSN) or city government agency.
4. **Serious Mental Illness (Acute at-risk). *Temporary Permit.*** Individuals with a mental illness who are currently experiencing a significant limitation in their ability to take part in major life activities **and** who meet one of the following:
   a. Having a mental disorder diagnosis based on criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM);
   b. Living in a group/boarding home setting, receiving state or federal financial assistance and participating in a state or federally funded work activity center or workshop;
   c. Living at home under supervision and participating in a state or federally funded state or federal work activity center or workshop;
   d. Addressing mental health needs by participating in any training/ rehabilitation program or therapy established under federal, state, county, Regional Support Network (RSN) or city government agency.

CLALLAM TRANSIT
- 830 West Lauridsen Blvd.
  Port Angeles, WA 98363
- 360-452-1315 • Toll Free: 1-800-858-3747

COMMUNITY TRANSIT
Community Transit Ride Store
20110 46th Ave W – Lynnwood, WA 98036
- 425-348-2350 • Toll Free: 1-800-562-1375
- TTY Relay: 711

EVERETT TRANSIT
3201 Smith Ave – Everett, WA 98201
- 425-257-7777 • TDD/TTY: 425-257-7778
- Everett Para Transit: 425-257-8801

INTERCITY TRANSIT
222 State Ave NE – Olympia, WA 98501
- 360-786-1881 • Toll Free: 1-800-287-6348
- TDD/TTY: 360-943-5211
- Dial-A-Lift: 360-754-9393
- Toll Free: 1-800-244-6846

JEFFERSON TRANSIT
1615 W. Sims Way – Port Townsend, WA 98369
- 360-385-4777
- TDD/TTY: 1-800-833-6388
- Dial-A-Ride: 360-385-4777

KITSAP TRANSIT
60 Washington Ave, #200 – Bremerton, WA 98337
Bremerton Transportation Center
- 360-373-BUSS
- Toll Free: 1-800-501-RIDE
- Kitsap Transit *ACCESS* (toll free): 1-800-422-BUSS
- TDD/TTY: 360-377-9874

MASON TRANSIT AUTHORITY
Mailing: PO Box 1880 - Shelton, WA 98584
Physical: 790 E. Johns Prairie Rd - Shelton, WA 98584
- 360-427-5033 • Toll Free: 1-800-374-3747
- TDD/TTY: 711 or 1-800-833-6388

KING COUNTY METRO TRANSIT
201 South Jackson St – Seattle, WA 98104-3856
- 206-553-3000 • Toll Free: 1-800-542-7876
- TDD/TTY: 711

KING COUNTY FERRY DISTRICT
201 South Jackson St • Seattle, WA 98104-3856
(206) 684-1551 • TTY: 711

PIERCE TRANSIT
Tacoma Dome Station Bus Shop — 505 E 25th St — Tacoma, WA 98421
The Bus Shop — 930 Commerce — Tacoma, WA 98402
Lakewood Bus Shop — 3720 96th St SW — Lakewood, WA 98499
- 253-581-8000 • Toll Free: 1-800-562-5109
- TDD/TTY: (243) 582-7951
- *SHUTTLE:* 253-581-8100
- Toll free: 1-800-841-1118
- TDD/TTY: 253-582-7963

SKAGIT TRANSIT
600 County Shop Lane – Burlington, WA 98233
- Burlington Business Office: 360-757-8801
- Customer Service: 360-757-4433
- TTY: 1-360-757-1938 • Toll Free: 1-877-584-7528

SOUND TRANSIT
401 South Jackson St – Seattle, WA 98104
- 206-398-5000 • Toll Free: 1-888-889-6368
- TDD/TTY: 711

WSDOT Ferries Division (WSF)
Customer Information – 2901 Third Avenue, # 500 – Seattle, WA 98121-3014
- 206-464-6400
- Toll Free WA & BC: 1-888-808-7977 or 511
- Persons who are deaf or hard of hearing may access Relay Services by dialing 711(WA) and ask to be connected to 206-515-3460

The Regional Reduced Fare Permit is a cooperative program developed through the Puget Sound Regional Council with support from the Federal Transit Administration and public agencies in the Puget Sound Region.

FRONT

Application for Regional Reduced Fare Permit For Senior and Disabled Persons

This application is available in accessible format.
Processing fee $3.00.

Please Print

For Office Use Only
ID#_____
PCA_____
☐ Temporary
☐ Permanent
Date _____

Name_____
First Middle Last

Address _____
Street City State Zip

Date of Birth_____ Phone No._____

Please read the applicant section of the *Medical Eligibility Criteria* and *Conditions* brochure before completing this application.

I am applying for a Regional Reduced Fare Permit on the following basis. **Please check only one.**

☐ I am 65 years of age or older.

☐ I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability. For issuance of a Temporary Regional Reduced Fare Permit only.

☐ I am providing proof of current eligibility by the Veteran's Administration as having a disability of at least 40%.

☐ I am presenting a valid Medicare card issued by the Social Security Administration. For issuance of a Temporary Regional Reduced Fare Permit only.

☐ I am providing a valid Regional ADA paratransit card, issued by _____.
Agency
This ADA paratransit card expires _____.

☐ I am providing a valid ADA paratransit card from outside the region. (For issuance of a Temporary Regional Reduced Fare Permit only.)

☐ I have an obvious physical impairment(s) meeting one or more of the medical criteria listed in the *Medical Eligibility Criteria and Conditions* brochure.

☐ I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). (For issuance of a Temporary Regional Reduced Fare Permit only.)

☐ I am providing a Washington Department of Licensing-issued disabled parking identification in conjunction with a government-issued photo identification

☐ I am medically disabled as certified by a Physician, Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.) or Audiologist, licensed in the State of Washington. **See Health Care Provider's Certification form on the reverse side of this application.** This agency reserves the right to contact your Health Care Provider for verification.

Applicant's Signature _____ Date _____

Clallam Transit
Community Transit
Everett Transit
Intercity Transit
Jefferson Transit
Kitsap Transit
Mason Transit
King County Metro Transit
King County Ferry District
Pierce Transit
Skagit Transit
Sound Transit
WSDOT Ferries Division (WSF)

BACK

Regional Reduced Fare Permit – Certification of Eligibility

Applicant's Release – *Please Print*

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that the transit agency issuing this permit shall have the right and opportunity to verify my eligibility for a Regional Reduced Fare Permit. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Reduced Fare Permit and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

Name_____
First Middle Last

Adress_____
Street City State Zip

Date of Birth_____ Phone No._____

Applicant's Signature _____ Date _____

This Section to Be Completed by The Following Approved Health Care Provider:

Washington State Licensed: • Physician (M.D.) • Psychiatrist • Psychologist (Ph.D.) • Audiologist certified by the American Speech, Language and Hearing Association • Physician's Assistant (P.A.) • Advanced Registered Nurse Practitioner (A.R.N.P.) • **Signatures of Health Care Providers other than these are not acceptable**.

1. This applicant must meet at least one of the criteria and conditions listed in the *Medical Eligibility Criteria* and *Conditions* brochure.
2. The specific Medical Eligibility Criteria number must be noted in the space provided.
3. If Section 6.4 is used, this person must be diagnosed by you as being "Acute-at-risk." The appropriate subsection (a, b, c or d) must be included along with the name and phone number of the work activity center, training or rehabilitation program in which this patient is currently a patient. **Note:** An applicant's enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet eligibility requirements.
4. An applicant's financial situation has no bearing on eligibility.

I certify that _____ meets the Medical Eligibility Criteria _____

If Section 6.4 (a, b, c or d) enter name of qualifying program: _____

Please check the appropriate boxes:

☐ Yes ☐ No The disability is temporary. Specify length of disability: _____ months. A temporary disability must be expected to last at least three months, but no long than one (1) year.

☐ Yes ☐ No The disability is permanent.

☐ Yes ☐ No This applicant requires a Personal Care Attendant. If yes: ☐ temporary ☐ permanent

Verification of Approved Health Care Provider – *Please Print*

Name_____ Phone No. _____

Provider or Agency Address _____

Washington State License No. _____

Signature_____ Date _____

Original Signature Only – no photocopies or fax accepted

I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).